MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/537877 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AS FILED I"AMENDMENT AFTER 2 AMENDMENT I AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. .70 <u>30</u> 33 · 88

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